## Planning for Intentional and Effective Places and Spaces for Children's Positive Mental Health Integrated Plan

## **Quality Improvement Tools**





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#### **C. Quality Improvement Tools**

The Expert Panel for this project, held in October 2014, was charged with developing a compendium of best practices and implementation strategies targeting places and spaces that promote children's positive mental health. Following this meeting, and in connection with the Best Practice Indicator framework (hyperlink), the project team developed a set of quality improvement tools and supports.

As defined within this project, implementation refers to a set of activities designed to put a specific activity or program into practice. To be successful, implementation processes must be purposeful and described in sufficient detail so that members of organizations doing the work and outside observers are able to detect the effects of the specific activity or program. There are four key stages of implementation (Aarons, Hurlburt, & Horwitz, 2010):

**Exploration:** This stage is a contemplative period that occurs prior to the initiation of an implementation project. During this stage, an organization and its key stakeholders set goals and examine internal and external contexts as they relate to an issue or challenge that needs attention. In addition, stakeholders determine options and weigh feasibility for addressing the challenge.

Adoption Decision/Preparation: This stage is a decision-making period during which an organization chooses from options identified in the *Exploration* stage and takes steps to begin implementation of the chosen intervention or program. This stage is task-oriented and involves benchmarking current processes, collecting baseline data not already collected during the *Exploration* stage, planning for initial implementation steps, and acquiring or repurposing the resources needed to accomplish the planned work. This stage includes selecting implementation team members, establishing performance assessment protocols and tools, and training staff to enact new practices and processes.

Active Implementation: This stage spans from the initial implementation to the full implementation of the selected intervention or program. Organizations and stakeholders engaged in this stage work to advance practice toward identified goals. Throughout this stage, leaders and staff engage in iterative changes to advance practice, assess performance, modify processes based on performance data, and move toward the use of the intervention or process selected in the *Adoption Decision/Preparation* stage as standard practice within the organization.

Sustainment: Rather than a distinct stage of implementation, sustainment refers to the active determination and development of supports that allow an organization to maintain a practice or process without degradation or loss of fidelity. Throughout implementation, organizations and stakeholders should define key success factors and develop plans for long-term sustainability of new processes. This stage may include the development and incorporation of staff retention and training protocol, program evaluation protocol, and on-going funding strategies.

The stages of implementation are integrated and often overlapping rather than linear. For example, during the *Adoption Decision/Preparation* stage, project members often identify weaknesses or gaps in the current system not identified in the *Exploration* stage. Another example would be that when working in the *Active Implementation* stage, the team identifies a need for further preparation work. Furthermore, in each stage, teams attend to sustaining the practice in order to ensure long-term success and outcomes in alignment with project goals.

#### **QUALITY IMPROVEMENT TOOLS**

This document contains three Quality Improvement Tools and a supporting document that provides information about the metrics of quality improvement tools. These documents should be used in combination with the Best Practice Indicator framework (hyperlink). The Best Practice Indicator framework outlines areas of practice determined through the Intentional and Effective Places and Spaces for Children's Positive Mental Health project to

be central to children's positive mental health. The document brings to the forefront key implementation strategies within each practice area and categorizes them as they relate to policy, practice, physical elements of the place or space, or people in the place or space.

These Quality Improvement Tools were developed or adapted specifically for this project. Each tool is designed to help support project teams explore best practice, better understand their current processes, identify strengths and constraints of current processes through data collection, and keep projects on track using continuous improvement activities. Organizations can use the tools and supports in isolation or as a compendium of activities over a period of time. In addition, it is appropriate to complete these tools repeatedly to help identify progression in implementation of a project designed to develop or enhance a space or place for young children. The table below outlines the primary purpose, audience, and notes on when to use each resource (i.e., at what stage in the implementation process).

Support or Tool	Primary Purpose	Primary Audience	When
Support Document: Quality Improvement Metrics	This support document provides suggested measurements of success to use in illustrating progress toward an identified goal or within a specified area of practice.	Organization teams already involved in this work	This document can be used throughout the project
Quality Improvement Tool 1: Place and Space Self-Assessment Questionnaire (MS Word Manual Scoring and MS Excel Self- Scoring Versions)	This tool is used to assess <i>current</i> characteristics of a place or space across multiple areas of practice. Through a series of questions and Likert scale ratings, users assess their progress in an implementation of key strategies for success. Additionally, the tool asks users to identify strengths that need to be protected and promoted as well as constraints in their current system that need to be addressed in order to improve.	Organization/team leaders interested in engaging in implementation or improvement within their current space     Organization teams already involved in this work	This tool should be used at multiple points in a project including:  • Exploration  • Adoption decision/ preparation  • Active implementation  • Sustainment

Support or Tool	Primary Purpose	Primary Audience	When
Quality Improvement Tool 2: Action Planning Template and Facilitator Guide	This tool is used as a follow-up to the self-assessment questionnaire. After defining areas of practice that require continued support or intervention, teams use this planning template to determine key goals as well as key tasks and resources needed to achieve success.	Organization teams already involved in this work	This tool should be used at multiple points in a project including:  • Adoption decision/ preparation  • Active implementation
Quality Improvement Tool 3: Stakeholder Mapping Template and Facilitator Guide	This tool is used to facilitate the development of <i>key messaging</i> to support implementation and improvement within a project. The tool is used to identify key stakeholders and to rate their relative influence and importance to the project in order to prioritize and focus project-related communications.	<ul> <li>Organization/team leaders interested in engaging in implementation or improvement within their current space</li> <li>Organization teams already involved in this work</li> </ul>	This tool can be used at the onset of a project to develop a communication plan and at various points in the project to ensure effective planning and outlining of critical communication with key stakeholders.

#### **SUPPORT DOCUMENT: QUALITY IMPROVEMENT METRICS**

Metrics are point-in-time measures that highlight progress in implementing a new practice or service. They are typically easily collected and easily aggregated into reports for both internal and external stakeholders. Ideally they drive and support decision making. Metrics may be delineated into categories of Process, Product and Impact. The following table outlines success and monitoring metrics identified for this project.

Metric Category	Sample Metrics
Process	Average time spent in the space by user
(Initiation and maintenance	Time spent by users in specific areas of the space or engaged in specific activities
of the practice within	within the space. (Such data may come from an observation and documentation
the organization)	process that diagrams specific people's movements and activities in the space)
	Number of training hours for staff
	Number of hours of in-house supervision offered/taken
	Number of stakeholder connections/communications
	Number of implementation team meetings
Product	Number of users of a space per hour, day, month
(Output of the	Number of new users
implementation process)	Number of repeat users
	User demographics tailored to target audience
	• Age
	• Gender

• Ethnicity

Developmental/social-emotional diversity

Number of parent/guardian-child interactions within the space may be collected

through a timed observation and documentation process.

Number of supplemental materials used (e.g., recipe cards, take-home materials)

#### **Impact**

(User, organization, community, and systems outcomes)

Change in report of problematic child behaviors within the space

Change in report of pro-social behaviors

• Interactions with peers

• Interaction with caregivers

Staff/volunteer satisfaction

User satisfaction

The steps that a team or organization chooses to take following completion of the metrics evaluation and application of one or more quality improvement tools may differ. Some organizations may be adequately equipped to respond independently to needed improvements while other may desire or need technical assistance from outside experts. While identifying and using quality improvement metrics is a useful process, the lasting impact stems from deliberate organizational changes that occur as a result.

#### **QUALITY IMPROVEMENT TOOL 1**

#### PLACE AND SPACE SELF-ASSESSMENT QUESTIONNAIRE

#### **OVERVIEW**

This document provides guidance for assessing an organization's needs relative to places and spaces that affect positive mental health in young children. There are five sections, each focusing on a specific Best Practice Indicator (BPI). The BPIs have some common or overlapping elements and can stand alone depending on an organization's needs and interests.

#### **INSTRUCTIONS**

Organization leaders and others with interest in engaging in implementation or improvement efforts within their current space should complete this tool together. The tool can be used at different stages of the implementation process to assess change and improvement. Within each section, there are key implementation strategies listed in table format. Using the following scale, teams should rate their organization's current condition related to each strategy listed:

1-Not Yet	The strategy is not yet present in the organization or program. The organization is likely to need substantial technical assistance (TA), training, and other support to implement this strategy.
2-In Process	The strategy is planned or is currently present in a low or modest level in the organization or program. The organization is likely to need some technical assistance (TA) and support through the remaining stages of implementation.
3-Complete	The strategy has a strong presence throughout the organization or program. The organization actively supports the strategy in a sustained way. The organization may have occasional need for support but is able to share expertise with other organizations working toward achieving this strategy.

For ratings of 2 and 3, teams indicate why they rated their program/space at this level in the space labeled Evidence for "*In-process*" or "*Complete*". After completing each rating section, key strengths and constraints are discussed and noted on the form.

Teams should complete and discuss one section prior to moving to another section. At the completion of the assessment, the team rates its overall readiness with regard to each section by computing an overall rating "score" using the attached scoring grid.

## SUPPORTING POSITIVE, DEVELOPMENTALLY APPROPRIATE INTERACTIONS AMONG CAREGIVERS, PARENT/GUARDIANS, PROVIDERS, AND CHILDREN

Organizations that are effective in creating places and spaces that promote positive mental health in young children traditionally have a strong focus on supporting children's interactions within their space. Specifically, spaces fully implementing this BPI attend to the role of relationships and personal interaction through policy, practice, and physical characteristics that allow for supportive and engaging interactions between children and their caregivers (staff and parent/guardian) as well as among children.

In this section, reflect on the questions below and record your team's answers citing internal data sources when available. Where possible, note responses from each team member as all questions do not require consensus but are meant to be opportunities for discussion and debate. At the end of this section, rate your overall strengths and areas of constraint.

Key Strategies and Supports	<b>1</b> NOT YET	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Our organization has clear aims and definitions of "success" related to children's interaction patterns within our space.				
Our organization has a policy that supports training of staff and/or volunteers about how "play" supports positive interactions in our space.				
Our organization has a policy/ practice of engaging with other service providers in our area.				
Our organization has a policy/ practice to support feedback from staff and users related to interaction patterns within our space.				
Staff and/or volunteers are able to demonstrate how to interact within our space and use key features to support positive interactions for children.				
Within our space, children have opportunities to play together.				

### SUPPORTING POSITIVE, DEVELOPMENTALLY APPROPRIATE INERACTIONS AMONG CAREGIVERS, PARENTS/GUARDIANS, PROVIDERS, AND CHILDREN

Key Strategies and Supports	1 NOT YET	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Within our space, children have opportunities to interact and play with adult caregivers (staff and/or volunteers/parents/guardians)				
Within our space, we promote the use of activities that provide the "choice" for children and caregiver interaction (e.g., areas of play and respite)				
Within our space, areas/activities are designed to support:  • Communication				
• Literacy				
Numerical Concepts				
Physical characteristics of our space include:				
• Use of tiered sizes for permanent features				
• Graphic and written signage indicating intended or suggested interactions				
• Restorative areas for caregivers (e.g., benches)				
• Cozy areas for quiet activities				
<ul> <li>Fixed parts with multiple applications (e.g., a slide that can also be a climber)</li> </ul>				
<ul> <li>Loose parts or areas that are easily manipulated by children to reflect their "design sense"</li> </ul>				
What are the overall areas of strength for ou	r organiz	ation?		

#### **USE OF NATURE/NATURAL ELEMENTS**

Organizations that are effective in creating places and spaces that promote positive mental health in young children traditionally have a strong focus on the use of nature/natural elements within their space. Specifically, spaces fully implementing this BPI attend to the use of green space, gardening features, outdoor unstructured play, natural undesigned areas, natural shade, and fixed features which incorporate access to, or views of, natural spaces.

#### **USE OF NATURE/NATURAL ELEMENTS**

Key Strategies and Supports	<b>1</b> NOT YET	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Our organization has clear aims and definitions of "success" related to the use of nature/natural elements in our space.				
Our organization has a policy to guide staff/volunteer – parent/guardian communication to include use of natural elements of the space to support child development.				
Plants and other natural elements selected for the space are child friendly (non-toxic, touchable, etc.), native to the area, and promote wildlife.				
Our organization maintains a sustainability plan for natural elements (e.g., trees, shrubs, etc.) within the space.				
Our organization has a policy that supports training the staff and/or volunteers regarding the benefits of natural elements within the space and how to incorporate them into play.				
Staff and/or volunteers are able to demonstrate how to interact and use key features of natural elements within our space.				
Staff and/or volunteers model environmental stewardship within the space.				

#### **USE OF NATURE/NATURAL ELEMENTS**

Key Strategies and Supports	<b>1</b> NOT YET	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Physical characteristics of our space include:				
Indoor spaces:				
<ul> <li>View of green space through windows/doors</li> </ul>				
• Garden areas through use of containers, seedlings, edible plants, etc.				
• Sand and water features				
• Winding or curving "paths" through the space				
• Natural loose parts (loose soil, fallen leaves, flowers, etc.)				
Natural light				
Outdoor Spaces:				
• Use of structures that provide shade/shading plants				
• Use of plantings to delineate space				
• Sand and water features				
• Winding and curving paths				
• Grassy areas for games, events, etc.				
• Natural loose parts (loose soil, fallen leaves, flowers, etc.)				
• Natural features that promote open-ended play (logs, rocks, etc.)				

What are the overall areas of strength for our organization?

#### **DIVERSITY OF SPACE AND ACTIVITIES**

Organizations that are effective in creating places and spaces that promote positive mental health in young children traditionally have a strong focus on the diversity of types of spaces and activities within their environment. Specifically, spaces fully implementing this BPI are seen as open and accessible to the community, to caregivers, and to children and their families. Spaces incorporate a variety of activities, styles of play, and developmentally appropriate processes including areas for group play, individual play, and respite.

#### **DIVERSITY OF SPACE AND ACTIVITIES**

Key Strategies and Supports	1 NOT YET	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Our organization has clear aims and definitions of "success" related to diversity of space and activities.				
Our organization has a clearly defined set-up/breakdown routine for staff and/or volunteers to maintain the integrity of fixtures and activities.				
Our organization has clearly defined instructions for rotation of toys, space dividers, and activity stations to ensure space and activity diversity are maintained.				
Our organization has created and defined our space and activities to serve children of multiple ages and interests.				
Activities within our space use common materials in order to encourage interactive play and the transferal of activities to the home environment.				
Our organization has a policy that supports training staff and/or volunteers regarding the benefits of space and activity diversity and how to use them to support developmentally appropriate play.				
Staff and/or volunteers demonstrate how to interact with the different elements within our space and use key features.				
Staff and/or volunteers model activities for others within the space.				

#### **DIVERSITY OF SPACE AND ACTIVITIES**

Key Strategies and Supports	1 NOT YET	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Physical characteristics of our space include:				
• Small sections/zones for creative/restorative play				
• Spaces showcasing art created by local artisans				
<ul> <li>Spaces showcasing art created by children</li> </ul>				
• Spaces highlighting/incorporating music				
<ul> <li>Spaces incorporating water and/or loose soil</li> </ul>				
• Spaces with a variety of toys appropriate for multiple ages and developmental abilities (wheeled, stationary, creative, etc.)				
• Caregiver-focused areas (seating, shade, etc.)				
• Spaces allowing for "co-creation" of activities by caregivers and children				

What are the overall areas of strength for our organization?

#### **SAFETY AND SUPPORT**

Organizations that are effective in creating places and spaces that promote positive mental health in young children traditionally have a strong focus on the physical and psychological safety of features and activities within their environment. Specifically, spaces fully implementing this BPI are able to support and promote practices that attend to the safety of fixed, movable, natural and man-made features while promoting appropriate exploration and experimentation by children and caregivers within the space through policy, practice, staff training and physical element design. While strategies to support safe implementation are inherent in all BPIs, implementation strategies are highlighted here in order to provide an overview of potential areas for focus.

#### **SAFETY AND SUPPORT**

Key Strategies and Supports	1 NOT YET	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Our organization has clear aims and definitions of "success" related to safety and support within our space.				
Our organization has a clearly defined crisis plan to address emergency issues that could arise within the space including injury, fire, weather, violence, etc.				
Our organization has policies for staff/volunteer behavior with children within the space.				
Our organization has clear policies regarding recruitment, hiring, and background checks for staff and/or volunteers working within the space.				
Manufactured features within our space are compliant with all national/state/local codes and regulations pertinent to manufacture, installation, and maintenance.				
Our organization has a policy that supports training staff and/or volunteers in the function and optimization of space characteristics with respect to supervision, engagement, and safety.				
Staff and/or volunteers are able to demonstrate how to interact with the different elements within our space and use key features safely.				

continued next page

#### **SAFETY AND SUPPORT**

Key Strategies and Supports	<b>1</b> Not yet	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Staff and/or volunteers establish norms and rules for interactions among people using the space and are trained to intervene appropriately.				
SAFETY AND SUPPORT				
Key Strategies and Supports	1 NOT YET	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Physical characteristics of our space include:				
• Surfacing materials are safe and accessible				
• A map of the space is available with "routes" clearly outlined for optimal flow and emergency exits are clearly marked				
• Safety equipment and supplies (first aid, etc.) are readily available and accessible				
<ul> <li>Play areas have clear boundaries</li> <li>There is signage for features including restrooms, trash areas, storage, etc.</li> </ul>				

What are the overall areas of strength for our organization?

#### **ACCESSIBLITY AND INCLUSIVENESS**

Organizations that are effective in creating places and spaces that promote positive mental health in young children traditionally have a strong focus on the inclusiveness and accessibility of features and activities within their environment. Specifically, spaces fully implementing this BPI are able to support and promote practices that attend to the physical and cultural accessibility and adaptability of the space for its users. This includes welcoming users with diverse physical, social emotional and cultural needs. In addition, this BPI requires attention to how particular physical elements, programs, and activities within a space can be adapted for users of varying abilities.

#### **ACCESSIBLITY AND INCLUSIVENESS**

Key Strategies and Supports	1 NOT YET	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Our organization has clear aims and definitions of "success" related to accessibility and inclusiveness.				
Our organization employed universal design principles in planning our space.				
Our organization conducts periodic needs assessments/audits of our community to determine the cultural and physical needs of our target population.				
Our organization has policies to engage children and families with differing language, physical, emotional, and sensory needs.				
Our organization has policies that address the financial accessibility of the space (e.g., sliding scale fees).				
Staff and/or volunteers represent different cultures and physical abilities. 0				
Our organization has a policy that supports training staff and/or volunteers about options for space features and activities that could engage children with physical and emotional needs and/or cultural differences.				
Our organization has a policy that supports training staff and/or volunteers in cultural norms as they relate to family dynamics, effective engagement, and communication with children and parents/guardians within the space.				

#### **ACCESSIBLITY AND INCLUSIVENESS**

Key Strategies and Supports	<b>1</b> NOT YET	2 IN-PROCESS	3 COMPLETE	Evidence for "In-process" or "Complete"
Physical characteristics of our space include:				
• Physical accessibility features (parking, restrooms, walkways/paths etc.) as defined through national/state/local guidelines and regulations				
• Accessible entries to all play spaces				
<ul> <li>Flexible and movable design that can be easily transformed to meet individual needs</li> </ul>				
<ul> <li>Sensory and/or auditory cues to alert users to changes in elevation, materials, etc.</li> </ul>				
<ul> <li>Signage that is not dependent on language or is available in multiple languages</li> </ul>				
<ul> <li>Activities and materials that reflect cultural and individual difference without promoting stereotypes</li> </ul>				

What are the overall areas of strength for our organization?

#### **QUALITY IMPROVEMENT TOOL 1**

## PLACE AND SPACE SELF-ASSESSMENT QUESTIONNAIRE SCORING GRID

BEST PRACTICE INDICATOR	Number of Strategies	# Not Yet (x 1)	# In Process (x 2)	# Complete (x 3)	Total Rating Score (Sum of sub scores)	Overall Score (Divide total by number of strategies)
Supporting positive, developmentally appropriate interactions among caregivers, parents/guardians, providers, and children	17					
Use of nature and natural elements	13					
Diversity of space and activities	16					
Safety and support	13					
Accessibility and inclusiveness	14					

#### **QUALITY IMPROVEMENT TOOL 2**

#### ACTION PLANNING TEMPLATE AND FACILITATOR GUIDE

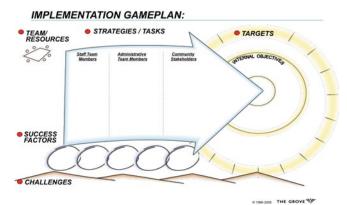
#### **Activity Objectives**

During this session, participating teams will:

- Apply their self-assessment results to setting aims and defining tasks and strategies for full implementation related to a Best Practice Indicator; and
- Determine the key resources, tasks, and strategies for organizations as they work toward full implementation of this BPI.

#### **Materials Needed**

- 1. Large Graphic Game Plan template
- 2. Post-it notes
- 3. Blank flip chart
- 4. Flip chart markers
- 5. Copies of the BPI framework



#### **Session Instructions**

- 1. Review the objectives of the implementation project (set in previous meeting/session):
  - Building local access to specialized programs and activities within a space;
  - Providing quality training for multi-organization staff and/or volunteers;
  - Improving implementation of highlighted BPI components; and
  - Ensuring effective, timely, and securely funded services.
- 2. Reference stages of implementation/implementation framework for the project.
- 3. Explain that this planning session is specific to the chosen Best Practice Indicator and will:
  - Define the resources (people, time, funding, materials) an organization should devote to this stage of implementation;
  - Delineate the tasks associated with this stage in context of internal and external factors;
  - Describe the primary expected outcomes of this stage for your organization/program;
  - Describe any secondary outcomes of this stage;
  - Define key success metrics; and
  - Define expected barriers/challenges.
- 4. Explain the process to the team:

"At this stage we have learned a lot about how our space currently is positioned to support and promote positive mental health for young children. Through the self-assessment process, we have discussed and defined our organizational goals. Now we need to define/determine the resources, tasks, and strategies to get there. In order to help create an installation/implementation plan, we will carry out a series of exercises using the materials on hand. This is a collaborative process and each member of our team should have a voice in the development of this plan. Feel free to voice issues or challenges that you expect based on what you know about the model at this point, or that you anticipate based on your experience with other change initiatives within our organization. The final result will be a written/visual game plan

that we will shared with our Learning Collaborative faculty and will guide our work in this action period."

- 5. Complete each section of the game plan:
  - a. In the **TEAM/RESOURCES** section:
    - Ask the group to think about the team members within and outside of the organization that must be involved to implement the BPI and that will generate positive outcomes for clients and the team/organization.
    - Either through round robin (taking turns), or through simultaneously putting Post-it notes on the poster, generate a list of necessary team members and resources and put them on the poster in that section.
  - b. Under STRATEGIES/TASKS for people at the organization, brainstorm tasks for each level (provider, organization, community, system) and write down one strategy per Post-it note. Include Who What How for each task.
  - c. Under SUCCESS FACTORS, develop the metrics and outputs for the project, answering the questions:
    - How will a team know that these tasks are being accomplished?
    - How will they know that they are successfully implementing the BPI?
    - What data will they need to collect to make this determination?
  - d. Under CHALLENGES, what challenges can a team expect in this stage? Brainstorm and write these on the poster in the appropriate section.
  - e. After reviewing the people, tasks, and strategies, what are the expected **OUTCOMES** for this organization and this community? Generate a list of expected outcomes and write them in the outcomes section. Those outcomes closest to the organization go in the middle, and those more about community and systems change should be placed on the outer circle.
- 6. After completing the game plan, provide an opportunity for each participant to review it independently and add notes to the page thereby contributing their own context to the picture.

#### **Facilitation Points to Consider**

- 1. Pay special attention to ensuring that voices of all team members are heard, recognized, and used.
- 2. Be conscious of helping to reframe potentially negative comments and/or criticisms into constructive feedback that can inform the refinement of the game plan.
- 3. Be attentive to the group process with relation to time. Ensure that the group meets the overall goals of the session. Facilitators may keep time for the sessions or they may ask someone else to do so.
- 4. The facilitator will ask groups to recommend improvements for practice strategies as needed, with reminders that the document is intended to be accessible to multiple audiences, non-prescriptive with respect to how a practice strategy is met, and concise.

# © 1996-2009 THE GROVE INTERNAL OBJECTIVES **Targets** Community Stakeholders **IMPLEMENTATION GAMEPLAN** Strategies/Tasks Administrative Team Members Clinical Team Members **■** Team/Resources Challenges Success Factors

#### **QUALITY IMPROVEMENT TOOL 3**

#### STAKEHOLDER MAPPING FACILITATOR GUIDE AND TEMPLATE

#### **Activity Objectives**

- 1. Teams will be able to identify key community stakeholders necessary for implementing and sustaining the gains of a particular Best Practice Indicator.
- 2. Participants will generate creative ideas to engage these key community stakeholders and open communication related to Implementation Goals.

#### **Materials Needed**

- · Flip chart paper
- Markers
- Stakeholder mapping grid (below)

#### **How it works**

#### **Introduction:**

Today our goal is to identify the internal and external stakeholders who are most influential and important to achieving the goals for our space relative to the Best Practice Indicator (insert selected BPI here).

First we will generate a list of potential stakeholders, via round-robin approach. We will rate each stakeholder on a grid according to two characteristics: their relative importance to our work (low versus high) and their influence (low versus high). We will categorize stakeholders in four quadrants according to these characteristics and the steps that need to be taken with them in the implementation process:

- Good relation (high influence, high importance) A close and good working relationship must be established with stakeholders in this quadrant. We should prioritize communication with these stakeholders and include them in our action planning for this stage of implementation.
- Protect (low influence, high importance) Stakeholders in this group will require special initiatives to protect their interest as we move forward with implementation. We should provide stakeholders in this quadrant with information about our project and ask for feedback regarding changes within our space. We should pay particular attention to how changes related to our implementation have affected stakeholders in this quadrant in their access to and enjoyment of our space.
- Monitor (high influence, low importance) This group may be a source of risks and may require careful monitoring and management. Stakeholders in this quadrant are not our target users, but rather have great influence over the environments in which we work.
- Low priority (low influence, low importance) These may have some involvement in the implementation process but they are low priority. Stakeholders in this section have little influence over how or why our space is structured. However, these are stakeholders for whom we feel general knowledge about our project would be beneficial or who may have greater influence or importance in future stages of implementation.

After developing the list, we will prioritize them by their categories and develop a list of strategies for engaging each stakeholder group. Each strategy should describe the planned communication and/or interaction.

#### Steps:

- Ask one participant to identify a community stakeholder that s/he believes to be important to the overall success of your implementation work in this area.
- Ask this participant to state why this is a key partner and where on the stakeholder grid they would place the partner.
- Write the stakeholder in the respective grid.
- Continue around the group until all stakeholder groups are posted.
- Prioritize the stakeholders that fall into the "Good Relation" quadrant.
- Facilitator engages in a round-robin discussion where participants suggest concrete ideas to engage these stakeholders. Encourage participants to think creatively and that no idea is off limits.
- Facilitator documents the ideas on the attached note template.
- Facilitator continues the same process with the other three stakeholder characteristics.

#### **Stakeholder Analysis Team Note Template**

#### **TEAM**

Stakeholder Characteristic	Prioritized List of Stakeholders	Potential Engagement Strategies
	1.	1.
	2.	2.
	3.	3.
	4.	4.
GOOD RELATION	5.	5.
GOOD RELATION	6.	6.
	7.	7.
	8.	8.
	9.	9.
	10.	10.
	1.	1.
	2.	2.
	3.	3.
	4.	4.
PROTECT	5.	5.
INOILCI	6.	6.
	7.	7.
	8.	8.
	9.	9.
	10.	10.

Stakeholder Characteristic	Prioritized List of Stakeholders	Potential Engagement Strategies	
	1.	1.	
	2.	2.	
	3.	3.	
	4.	4.	
MONITOR	5.	5.	
MONITOR	6.	6.	
	7.	7.	
	8.	8.	
	9.	9.	
	10.	10.	
	1.	1.	
	2.	2.	
	3.	3.	
	4.	4.	
LOW PRIORITY	5.	5.	
LOWINIONIII	6.	6.	
	7.	7.	
	8.	8.	
	9.	9.	
	10.	10.	

TANCE	PROTECT  This group will require special initiative to protect its interests	GOOD RELATION  A close and good working relationship must be established with this group
IMPORTANCE	LOW PRIORITY  May have some involvement but relatively lower priority	MONITOR  This group may be source of risks and will require careful monitoring and management
Low	INFLU	ENCE High

#### **VI. Anticipated Outcomes**

The Integrated Plan of the Planning for Intentional and Effective Places and Spaces for Children's Positive Mental Health project seeks to satisfy and further the goal of developing and enhancing the contributions of Wake County children's places and spaces to children's positive mental health. The Plan accomplishes this by recommending the implementation in a variety of settings of key Best Practice Indicators using quality improvement tools developed for people, policies, practices, programs, and physical elements. The Plan's focus is on improving the use and positive impact of current spaces; promoting collaborative planning; and implementing and establishing new partnerships. There is an emphasis on approaches that are customizable to organizations and settings and on the feasibility and sustainability of the approaches. The intention is for the Integrated Plan to serve as a blueprint that allows organizations to begin producing the desired outcomes. The outcomes can be documented using the suggested metrics within the Quality Improvement Tools.

The plan's foundation is in universal indicators of positive mental health for children and what is known regarding the effects of places and spaces on children's mental health. Moreover, a significant amount of information utilized to develop the Integrated Plan stems from locations across the country. This includes the case studies and literature review. For these and other reasons, the Integrated Plan is appropriate for and can benefit communities outside of Wake County.